



	lus sign (+) inside this box ->		PTO/SB/05 (4/ Approved for use through 09/30/2000. OMB 0651-00 Patent and Tracelland Office: U.S. DEPARTMENT OF COMMER	032 RCE
Under the Paper		T	pond to a collection of information unless it displays a valid OMB control number of Docket No. 1206	ber.
PATENT APPLICATION			t Inventor or Application Identifier Anderson, Glen	_
		Title Affective Control of Information Systems		
(Only for new n	TRANSMITTAL nonprovisional applications under 37 C.F.R. § 1.53(b),	Expr	press Mail Label No. EI599710885US	
Assistant Commissioner for Retents				
B	APPLICATION ELEMENTS papter 600 concerning utility patent application conten	s.	ADDRESS TO: Box Patent Application Washington, DC, 20231	
	Fee Transmittal Form (e.g., PTO/SB/17) ubmit an original and a duplicate for fee processing)		5. Microfiche Computer Program (Appendix)	•
2. X Sp (pr	pecification [Total Pages 19 P]]	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy	7
- C - S	Cross References to Related Applications Statement Regarding Fed sponsored R & D		b. Paper Copy (identical to computer copy)	
	Reference to Microfiche Appendix		c. Statement verifying identity of above copies	
	Background of the Invention Brief Summary of the Invention		ACCOMPANYING APPLICATION PARTS	
- B	Brief Description of the Drawings (if filed) Detailed Description		7. X Assignment Papers (cover sheet & document(s)) 8. X 37 C.F.R.§3.73(b) Statement X Power of Attorney	
	Claim(s)		9. English Translation Document (if applicable)	
I -	Abstract of the Disclosure rawing(s) (35 U.S.C. 113) [Total Sheets 4	Jı	10. X Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449 X Citations	
4. Oath or [Declaration [Total Pages 3	\prod_{1}	11. Preliminary Amendment	
a. X	Newly executed (original or copy)		12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
b.	Copy from a prior application (37 C.F.R. (for continuation/divisional with Box 16 comple.	§ 1.63(3(d)) * Small Entity Statement filed in prior applicat	ion
	i. DELETION OF INVENTOR(S)	80)	Statement(s) Status still proper and desired	1011,
]	Signed statement attached deletine inventor(s) named in the prior appl	-	Certified Copy of Priority Document(s)	
	see 37 C.F.R. §§ 1.63(d)(2) and 1.			
	ITEMS.1 & 13: IN ORDER TO BE ENTITLED TO PAY SMAL ALL: ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), D'IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No:				
Prior application information: Examiner Group / Art Unit:				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by				
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
17. CORRESPONDENCE ADDRESS				
Custom	ner Number or Bar Code Label (Insert Customer N	o or Att	or 💢 Correspondence address below	
Name	Attn: Anthony Claiborne			
	Gateway, Inc			
Address	610 Gateway Drive			
	Mail Drop Y-04			
City	1,10	ate	South Dakota Zip Code 57049	
Country	U.S.A. Telepho.	1 e	(605) 232-1967 Fax (605) 232-2612	
Name (Print/Type) Anthony Claiborne Registration No. (Attorney/Agent) 39,636				
Signatur	e authorition	emal	Dale March 17, 2000	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.